



TOWN OF FRAMINGHAM

Fee - \$50.00

BOARD OF HEALTH

APPLICATION FOR LICENSE TO PRACTICE MASSAGE

DATE _____

NAME _____ TEL. NO. _____

HOME ADDRESS _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

PROPOSED PLACE
OF EMPLOYMENT _____ ADDRESS _____

<u>EDUCATIONAL RECORD</u>	<u>NAME</u>	<u>DATES ATTENDED</u>	<u>CERTIF./DEGREE</u>
High School	_____	_____	_____
College	_____	_____	_____
Professional School	_____	_____	_____

TRAINING & EXPERIENCE

<u>Employer or Organization</u>	<u>Address</u>	<u>Position Held</u>	<u>Dates of Employment</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER LICENSES TO PRACTICE MASSAGE NOW OR FORMERLY HELD

<u>City/Town</u>	<u>Years Held</u>
_____	_____
_____	_____
_____	_____

REFERENCES

1. _____
2. _____
3. _____

Other Information Required:

1. Physician's Statement of Good Health
2. T B Certification
3. Photostat of Certificate Received from Accredited School of Massage.

Signature of Applicant